

**State of Delaware
Department of Transportation
Division of Motor Vehicles**

Customer Service Survey

Please take a moment to complete the following survey. Your comments and recommendations are very important to us and will be utilized to continue to provide "First Class Service from the First State".

Thank you,



Jennifer L. Cohan

Director, Division of Motor Vehicles

Customer Service Rating:

Excellent

Good

Fair

Poor

Courteous Staff

Knowledgeable Staff

Efficiency and Speed of Service

Overall Experience

Customer Comments: (please feel free to utilize the back of this form for additional comments).

Please provide the name of Specialist/Technician that provided you service:

Please provide any comments/recommendations that you believe would allow us to serve you better: (please feel free to utilize the back of this form for additional comments).

Additional Information:

Lane Location: **Georgetown** **Dover** **New Castle** **Wilmington**

Date/Time of Service: _____ Would you like a response? Yes No

Customer Name and Address:

You can mail your survey to:

**DMV – Customer Service Administrator
PO Box 698
Dover, DE 19903**

You can also email your comments to:

DMVCustomerService@state.de.us